Financially	Closed -	rocesse	at LVFC
Deobligated	1\$ 0		11114.
By Le	1	On	11117
PO Copy_	JANE	Leu	

FEDERAL FINANCIAL REPORT

	(Follow form instructions)		
rganizational Element		by Federal Agency	Page of
to Which Report is Submitted (To report multiple grants, use FFR Attachment			1
rotection Agency Region II	CS-36000113		
			A
			pages
(Name and complete address inc	luding Zip code)	0	
irtment Of Environmental Co	nservation	0	
Iway, Albany, NY 12233-502	22	17	
Ab FIN	5 Recipient Account Number or Identifying Number	6 Report Type	7. Basis of Accounting
76. 211		o. Nopon Type	7. Dasie of Accounting
1		□ Quarterly	
1		☐ Semi-Annual	
1		Annual	
14-6013200	GMS INUM 1745	X Final	X Cash □Accrual
		9. Reporting Period End	d Date
ear)	To: (Month, Day, Year)	(Month, Day, Year)	
	09/30/2019	09/30/2014	
			Cumulative
e or multiple grant reporting)			
	Attachmanth		
nt muniple grants, also use FFR	Accommend.		
			8447 000 000 00
Committee of the Commit			\$147,369,000.00
	72.2/		\$147,369,000.00
			\$0.00 \$147,369,000.00
	-4		\$147,359,000.00
ce of Federal funds (line a minus §	il .		(40.00
	0.		\$29,473,800.00
	- 1 7 7 1		\$29,473,800.00
	- 16.1/0		\$25,475,650.00
			\$0,00
nt share to be provided (line i minu	(1)		
nt share to be provided (line i minu	(5)		
nt share to be provided (line i minu ram income earned			
nt share to be provided (line i minu ram income earned expended in accordance with the d	eduction alternative		
nt share to be provided (line I minu ram income earned expended in accordance with the d expended in accordance with the ac	leduction alternative ddition alternative		
rit share to be provided (line I minu ram income earned expended in accordance with the d expended in accordance with the ac ram income (line I minus line m or	leduction alternative ddition alternative line n)	e Amount Charried	f Federal Share
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or less than the content of the less than the content of the less than	leduction alternative ddition alternative	e. Amount Charged	f. Federal Share
rit share to be provided (line I minu ram income earned expended in accordance with the d expended in accordance with the ac ram income (line I minus line m or	leduction alternative ddition alternative line n)	e. Amount Charged	f. Federal Share
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or less than the content of the less than the content of the less than	leduction alternative ddition alternative line n) c. Period From Period To d. Base	e. Amount Charged	f. Federal Share
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acco	ddition alternative ddition alternative line n) c. Period From Period To d. Base g. Totals:		
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acco	leduction alternative ddition alternative line n) c. Period From Period To d. Base		
rat share to be provided (line I minustram income earned expended in accordance with the despended in accordance with the acco	ddition alternative ddition alternative line n) c. Period From Period To d. Base g. Totals: y or information required by Federal sponsoring agency in ox	ompliance with governing	legislation:
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or least to be a line of least to be a line of least to be a line of least to least to least to least line of le	ddition alternative ddition alternative diline n) c. Period From Period To d. Base g. Totals: or information required by Federal sponsoring agency in ocitis true, complete, and accurate to the best of my know	ompliance with governing vieldge. I am aware that	legislation:
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acco	ddition alternative ddition alternative line n) c. Period From Period To d. Base g. Totals: r or information required by Federal sponsoring agency in or it is true, complete, and accurate to the best of my know subject me to criminal, civil, or administrative penalities	ompliance with governing vieldge. I am aware that s. (U.S. Code, Title 218,	legislation: Section 1001)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or least to be a line of least to be a line of least to be a line of least to least to least to least line of le	ddition alternative ddition alternative line n) c. Period From Period To d. Base g. Totals: r or information required by Federal sponsoring agency in or it is true, complete, and accurate to the best of my know subject me to criminal, civil, or administrative penalities	wiledge. I am aware that c. (U.S. Code, Title 218, c. Telephone (Area co	legislation: Section 1001) dde, number and extension)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or income income (line I minus line m or income i	ddition alternative ddition alternative diline n) c. Period From Period To d. Base g. Totals: cor information required by Federal sponsoring agency in continuous complete, and accurate to the best of my known subject me to criminal, civil, or administrative penalities ag Official	wiedge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9	legislation: Section 1001) dde, number and extension)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acco	ddition alternative ddition alternative diline n) c. Period From Period To d. Base g. Totals: cor information required by Federal sponsoring agency in continuous complete, and accurate to the best of my known subject me to criminal, civil, or administrative penalities ag Official	wiledge. I am aware that c. (U.S. Code, Title 218, c. Telephone (Area co	legislation: Section 1001) de, number and extension)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or lead to be a line of line I minus line m or lead to be a line of line I minus line m or lead to line of line I minus line m or lead to line or line of line I minus line m or lead to line or line	ddition alternative ddition alternative diline n) c. Period From Period To d. Base g. Totals: cor information required by Federal sponsoring agency in continuous complete, and accurate to the best of my known subject me to criminal, civil, or administrative penalities ag Official	wledge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9 d. Email address	Section 1001) ode, number and extension) 376
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or income income (line I minus line m or income i	deduction alternative dolition alternative line n) c. Period From Period To d. Base g. Totals: y or information required by Federal sponsoring agency in och it is true, complete, and accurate to the best of my know subject me to criminal, civil, or administrative penalities ag Official Budget Services	wledge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9 d. Email address e. Date Report Submi	Section 1001) ode, number and extension) 376 tted (Month, Day, Year)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the dexpended in accordance with the acram income (line I minus line m or in the bound Fixed by explanations deemed necessary explanations deemed necessary explanations deemed necessary in a contract of the provided fixed certifying of fixed provided the provided fixed certifying of fixed provided fixed pro	ddition alternative ddition alternative diline n) c. Period From Period To d. Base g. Totals: cor information required by Federal sponsoring agency in continuous complete, and accurate to the best of my known subject me to criminal, civil, or administrative penalities ag Official	wledge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9 d. Email address e. Date Report Submi	Section 1001) ode, number and extension) 376
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the acram income (line I minus line m or lead to be a line of line I minus line m or lead to be a line of line I minus line m or lead to line of line I minus line m or lead to line or line of line I minus line m or lead to line or line	deduction alternative dolition alternative line n) c. Period From Period To d. Base g. Totals: y or information required by Federal sponsoring agency in och it is true, complete, and accurate to the best of my know subject me to criminal, civil, or administrative penalities ag Official Budget Services	wledge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9 d. Email address	Section 1001) ode, number and extension) 376 tted (Month, Day, Year)
rat share to be provided (line I minustram income earned expended in accordance with the dexpended in accordance with the dexpended in accordance with the acram income (line I minus line m or in the bound Fixed by explanations deemed necessary explanations deemed necessary explanations deemed necessary in a contract of the provided fixed certifying of fixed provided the provided fixed certifying of fixed provided fixed pro	deduction alternative dolition alternative line n) c. Period From Period To d. Base g. Totals: y or information required by Federal sponsoring agency in och it is true, complete, and accurate to the best of my know subject me to criminal, civil, or administrative penalities ag Official Budget Services	wledge. I am aware that s. (U.S. Code, Title 218, c. Telephone (Area co (518) 402-9 d. Email address e. Date Report Submi	Section 1001) ode, number and extension) 376 tted (Month, Day, Year)
or and the second secon	mitted rotection Agency Region II (Name and complete address incirtment Of Environmental Colway, Albany, NY 12233-502 4b. EIN 14-6013200 ear) a or multiple grant reporting) rit multiple grants, also use FFR this is a minus b) a grant reporting) and Unobligated Balance: s authorized xpenditures inliquidated obligations are (sum of lines e and f)	(To report multiple grants, use FFR Attachment) (Name and complete address including Zip code) rtment Of Environmental Conservation laway, Albany, NY 12233-5022 4b. EIN	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) (Name and complete address including Zip code) Intracent Of Environmental Conservation Iway, Albany, NY 12233-5022 4b. EIN 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) GMS INUM 1745 14-6013200 GMS INUM 1745 Fo: (Month, Day, Year) 09/30/2019 9. Reporting Period Enterior (Month, Day, Year) 09/30/2019 9. Reporting Period Enterior (Month, Day, Year) 09/30/2014 9. Reporting Period Enterior (Month, Day, Year) 09/30/2014

According to the Paperwork Reduction Act, as amended, no persons are required to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to a rerage 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

OMB Approval Number: 0348-0061 Expiration Date: 2/28/2015



United States ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460

OMB Control No. 2030-0020 Approval expires 06/30/2017

LOBBYING AND LITIGATION CERTIFICATION FOR GRANTS AND COOPERATIVE AGREEMENTS*

INSTRUCTIONS:

Accietance Agreement Number(s)

*At project completion, complete this form pursuant to the 2001 Department of Veterans Affairs and Housing and Urban Development, and Independent Appropriations Act, Public Law 106-377, Section 424 and 2000 Department of Veterans Affairs and Housing and Urban Development, and Independent Appropriations Act, Public Law 106-74, Section 426 and any other subsequent Appropriation Act requirements.

Please mail this form to your EPA Grant Specialist within 90 days of project completion. DO NOT send this information to the Office of Management & Budget.

CS36000113	
I hereby certify that none of these funds have been	n used to engage in the lobbying of the Federal
Government or in litigation against the United Sta	ites unless authorized under existing law.
- Mauline jule	DEC 1 0 2014
Signature of the Chief Exegutive Officer	DEC 1 0 2014 Date

Burden Statement - The annual public reporting and record keeping burden for this collection of information is estimated to average 5 minutes per respondent. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Regulatory Information Division, U.S. Environmental Protection Agency, Ariel Rios Building, 1200 Pennsylvania Avenue, N.W., Mail Code 3213A, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, N.W., Washington, DC 20503, Attention: Desk Officer for EPA. Include the EPA ICR number and OMB control number in any correspondence.